

FILED SEP 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34617

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 166

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>El Dorado Springs</u>	
c. FULL NAME OF (If not in usual place of residence, give location) HOSPITAL OR <u>#812 N. Washington</u> INSTITUTION <u>Tates Nursing Home</u>				Length of stay in lb <u>4 da</u>		d. STREET (If outside, give location) ADDRESS <u>Hightower St.</u>	
3. NAME OF DECEASED (Type or print) First <u>Hettie</u> Middle <u>L.</u> Last <u>Huff</u>				4. DATE OF DEATH Month <u>Sept.</u> Day <u>16</u> Year <u>1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept. 29, 1879</u>	
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		IF UNDER 24 HRS. Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Unknown</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>Nil</u>		17. INFORMANT Address <u>Mrs. Nelson White, El Dorado Spgs. Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Primary lesion in Bladder</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____							INTERVAL BETWEEN ONSET AND DEATH <u>Approx. 6 mos.</u>
19a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		
20g. STATE			20h. ADDRESS				
21. I attended the deceased from <u>Sept. 15, 1957</u> to <u>Sept. 15, 1957</u> and last saw <u>him</u> alive on <u>Sept. 15, 1957</u> Death occurred at <u>Nevada, Mo.</u> <u>5:25</u> m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>L. P. McCann, M.D.</u> L. P. McCann, M.D.				22b. ADDRESS <u>Moore Bldg., Nevada, Missouri</u>		22c. DATE SIGNED <u>9-17-1957</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-18-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Virgil City</u>		23d. LOCATION (City, town, or county) (State) <u>Virgil City, Mo.</u>	
24. FUNERAL DIRECTOR <u>Golnn-Carothers, El Dorado Springs</u>				25. DATE RECD. BY LOCAL REG. <u>Mo. 9-21-57</u>		26. REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	

(Licensed Embalmer's Statement on Reverse Side)

OCT 1 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *May W. Dickerson*

Licensed Embalmer No. 4

P. O. Address *El Paso*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.